## American Fellowship Mutual Insurance Company (in Liquidation)

## "PROOF OF CLAIM" INSTRUCTIONS

YOUR "PROOF OF CLAIM" MUST BE FILED IN ACCORDANCE WITH THESE INSTRUCTIONS AND POSTMARKED NO LATER THAN DECEMBER 12, 2013 (THE "BAR DATE") FOR YOU TO PARTICIPATE IN THE DISTRIBUTION OF AMERICAN FELLOWSHIP ASSETS. FAILURE TO TIMELY RETURN THE COMPLETED "PROOF OF CLAIM" FORM IN ACCORDANCE WITH THESE INSTRUCTIONS WILL RESULT IN DENIAL OF YOUR CLAIM.

- 1. General Instructions. Please print legibly in ink or type. All blanks must be completed; if requested information is not available, please mark the blank "not available." You must attach to your "Proof of Claim" all supporting documents, contracts and invoices. If documentation is voluminous, please attach a summary. If you have more than one claim, a "Proof of Claim" form must be completed and submitted for each claim. Retain a copy of your "Proof of Claim" form and any supporting documents that you submit. You may wish to keep proof of mailing or delivery as well.
- 2. Additional Pages. If the space provided for any item is inadequate, note "continued" in the appropriate place(s) and continue the item(s), preceded by the item number, on an additional 8½ x 11 inch sheet of paper. Be sure to attach securely all additional pages to the form before filing.
- 3. <u>Setoffs or Counterclaims</u>. Enter the amount of all payments or debts, if any, which you currently owe to American Fellowship Insurance Company.
- 4. <u>Signatures</u>. All claims must be verified to be true and correct by the claimant or someone authorized to act on the claimant's behalf and having knowledge of the facts. KNOWINGLY PRESENTING A FALSE CLAIM MAY RESULT IN THE IMPOSITION OF CRIMINAL PENALTIES.
- 5. <u>Change of Address</u>. You are required to notify the Liquidator of address changes. If changes are made to any payee information, attach a W-9 form. Failure to do this may jeopardize your chance of receiving a recovery from American Fellowship Mutual Insurance Company's estate.
- Policy Claim Processing Procedures: Claims will be adjudicated in accordance with American Fellowship's policy
  coverage and language and the Michigan Property and Casualty Guaranty Association's statutory coverage under
  Chapter 79 of the Michigan Insurance Code.
- 7. <u>Deadline ("Bar Date") and Where to File the "Proof of Claim"</u>. The completed and signed "Proof of Claim" Form must be filed with the Liquidator by first class mail or overnight mail on or before **December 12**, **2013**. For overnight mail and first class mail please send to the following address:

American Fellowship Mutual Insurance Company Suite 200 25925 Telegraph Road Southfield, MI 48033 Inquiries:

Fax: (248)-352-4921

E-Mail: proofofclaim@afmico.com

Phone: 1(800)-648-6329

The Liquidator, may at his discretion, permit a claimant to file a late Proof of Claim (after December 12,. 2013). However, such late filed claims are subject to Section 500.8135 of the Michigan Insurance Code.

## **Claim Determination Process and Timing**

Within a time period specified by the Court, the Liquidator will prepare and file a claims report describing claims, claimants, amounts and the Liquidator's recommendations on approval of claims.

Upon the Liquidator's filing of the claims report, the Court will schedule a time for a hearing of the report. If you filed a Proof of Claim, you will receive a notice of the hearing and other information concerning the claims report and related hearings as the Court deems appropriate under the circumstances. In addition to other information which may be provided, you will be advised of the Liquidator's recommendation regarding your claim.

After all claims have been allowed, disallowed or otherwise quantified, the Liquidator will seek Court approval to begin making distributions to claimants from the assets of the American Fellowship, if any.

<u>NOTE</u>: The Liquidator's acceptance of a Proof of Claim does not constitute a waiver or relinquishment by the Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency regarding any actions pursued or defended by the Liquidator on behalf of American Fellowship' Mutual Insurance Company, its policyholders, claimants and/or creditors.